



# MARQUETTE COUNTY ZONING PERMIT APPLICATION



Marquette County Zoning Office  
PO Box 21  
Montello, WI 53949  
608-297-3036

### Section 1 (Owner/Agent Information)

Date \_\_\_\_\_

Owner's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Builder's Name \_\_\_\_\_ Builder's Phone # \_\_\_\_\_

Builder's Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Section 2 (Property Information)

Property Address: \_\_\_\_\_ Township: \_\_\_\_\_

Legal Description \_\_\_\_\_

Subdivision / CSM \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_

Parcel ID Number \_\_\_\_\_ Computer ID # \_\_\_\_\_

Zoning District \_\_\_\_\_ Acres \_\_\_\_\_ or Lot Size \_\_\_\_\_ x \_\_\_\_\_

Directions to Property from closest County or State Road: \_\_\_\_\_

### Section 3 (Project Information)

Type of Construction Project (i.e. deck, garage, house, etc.) \_\_\_\_\_

Size of building(s) or structure(s): \_\_\_\_\_ Sq. Ft. or \_\_\_\_\_ ft. x \_\_\_\_\_ ft.

Use of building(s) or structure(s): \_\_\_\_\_

Estimated Start of Construction: \_\_\_\_\_ Estimated Cost of Project: \_\_\_\_\_

Sanitary Permit # \_\_\_\_\_ Year Sanitary Permit was Issued: \_\_\_\_\_

Driveway Access: New \_\_\_\_\_ Existing \_\_\_\_\_

Did you apply and receive a Variance? If yes, what was the date: \_\_\_\_\_

### Section 4 (Fees) (Make checks payable to: Marquette County Zoning Department)

Check only ONE below:

_____ Commercial	\$150	Receipt #: _____
_____ Single Family Dwelling	\$100	
_____ Accessory Structure	\$50	

**Required Setbacks** (From Closest point of Construction)

**Ordinary High Water Mark/Wetland Boundary:** 75 Feet    **Lotline** \_\_\_\_\_ 10 Feet/ 20 Feet/ 50 Feet  
(Depending on Zoning District)

**Centerline of Road** \_\_\_\_\_ 63 Feet Town Road    \_\_\_\_\_ 75 Feet County Highway    \_\_\_\_\_ 110 Feet State Highway

**PLOT PLAN** (Site as viewed from above)

- 1). Make a drawing of your project.
- 2). Show distances from Centerline of Road(s), All Lotlines, and Ordinary High Water Mark if applicable.
- 3). Show location of the Septic System and replacement system area if applicable.
- 4). Please return with permit fee.

**\*\*Applications without a plot plan WILL BE RETURNED\*\***

The undersigned hereby makes application for the work described and located as shown herein. The undersigned agrees that all such work shall be done in accordance with all the requirements of the Zoning Ordinance and all other applicable ordinances of Marquette County and all applicable laws, codes and regulations of the State of Wisconsin, and states that the above information is true to the best of his or her knowledge. Issuance of this permit is not to be construed as legal responsibility for the construction on the part of Marquette County or its staff. Pursuant to Marquette County Zoning Ordinance 16.0101(1)(e), by applying for this permit the undersigned grants permission for the Marquette County Zoning Department, its agents or assigns, to enter upon the premises and inspect the work to determine compliance with the zoning ordinances and the terms of this permit.

Signature of Owner or Agent \_\_\_\_\_

**INSPECTION \*\*\*\*\*FOR OFFICE USE ONLY \*\*\*\*\***

<b>Setbacks</b>	<b>Comments:</b> _____
Wetland _____	_____
Waterline _____	_____
Lotline _____	_____
Road _____	_____
Inspector _____	Date _____